

National Health Leadership Council Membership Application



Contact Information

_____		<input type="checkbox"/> FOR PROFIT	<input type="checkbox"/> NONPROFIT*
ORGANIZATION NAME			
_____	_____		
CONTACT NAME	TITLE		
_____	_____		
EMAIL	PHONE NUMBER		
_____	_____		
SECOND CONTACT NAME	TITLE		
_____	_____		
SECOND EMAIL	SECOND PHONE NUMBER		
_____	_____		
STREET ADDRESS	SUITE/FLOOR		
_____	_____		
CITY/STATE/ZIP	WEBSITE		
_____	_____		

Dues Categories

STANDARD: \$15,000

NONPROFIT: \$5,000

* Reduced fee applies to academic, research, trade, advocacy or governmental organizations that do not offer direct medical services only

Acceptance

I hereby apply for NHLC membership to the National Alliance of Healthcare Purchaser Coalitions

_____	_____
APPLICANT SIGNATURE	DATE
_____	_____
NAME	TITLE
_____	_____
NATIONAL ALLIANCE SIGNATURE	DATE
_____	_____
NAME	TITLE

Please mail application & check payable to:

National Alliance of Healthcare Purchaser Coalitions
Attention: National Health Leadership Council (NHLC)
1015 18th Street, NW, Suite 705
Washington, DC 20036

Tax ID #65-0328971

If you have any billing questions, please email:
mcornejo@nationalalliancehealth.org

PAYMENT IS DUE WITHIN 30 DAYS OF NOTIFICATION OF MEMBERSHIP ACCEPTANCE